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# Fax

<b>To:</b>	Examiner Ginette Peralta	<b>From:</b>	Steven Fischman
<b>Fax:</b>	(571) 273-8300	<b>Pages:</b>	14 pages including cover sheet
<b>Phone:</b>		<b>Date:</b>	2/13/2006
<b>Re:</b>	U.S. Serial No: 10/717,279 Group Art Unit: 2814 Confirmation No: 7401 Docket No: YOR920030533US1 (17110)	<b>CC:</b>	

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Applicant(s): Steven J. Koester

Docket No.

YOR920030533US1 (17110)

Application No.  
10/717,279

Filing Date  
November 19, 2003

Examiner  
Ginette Peralta

Group Art Unit  
2814

Invention: METHOD OF REDUCING DISLOCATION-INDUCED LEAKAGE IN A STRAINED-LAYER  
FIELD-EFFECT TRANSISTOR

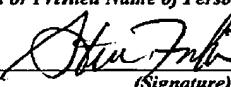
Confirmation No: 7401

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>YOR920030533US1 (17110)</b>	
Applicant(s): <b>Steven J. Koester</b>						
Application No. <b>10/717,279</b>	Filing Date <b>November 19, 2003</b>	Examiner <b>Ginette Peralta</b>	Customer No. <b>23389</b>	Group Art Unit <b>2814</b>	Confirmation No. <b>7401</b>	
Invention: <b>METHOD OF REDUCING DISLOCATION-INDUCED LEAKAGE IN A STRAINED-LAYER FIELD-EFFECT TRANSISTOR</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/IBM</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 <i>Signature</i>						
Dated: <b>February 13, 2006</b>						
<p>Steven Fischman Registration No. 34,594</p> <p>SCULLY, SCOTT, MURPHY &amp; PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343</p>						
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TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00		
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00		
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/IBM</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>							
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s):** Steven J. Koester**Examiner:** Ginette Peralta**Serial No:** 10/717,279**Art Unit:** 2814**Filed:** November 19, 2003**Docket:** YOR920030533US1 (17110)**For:** METHOD OF REDUCING  
DISLOCATION-INDUCED  
LEAKAGE IN A STRAINED-LAYER  
FIELD-EFFECT TRANSISTOR**Dated:** February 13, 2006**Confirmation No:** 7401

Mail Stop Amendment  
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P.O. Box 1450  
Alexandria, Virginia 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111**Sir:**

In response to the Office Action dated November 15, 2005, applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

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**Dated:** February 13, 2006

  
Steven Fischman